

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



Chapter 257 of the Acts of 2008

Provider Information and Dialogue Session:
Batterer Intervention

September 29, 2014

www.mass.gov/hhs/chapter257
eohhspospolicyoffice@state.ma.us



Agenda



Chapter 257 of the Acts of 2008

Review of Pricing Process

Overview and Definition of Batterer Intervention Program

Inputs for Rate Development for Batterer Intervention Program

- Data sources
- April 2014 provider session
- Time study

Draft Rate Model

Changes to Payment Structure Under Rate Model

Next Steps



Chapter 257 of the Acts of 2008 Regulates Pricing for the POS System



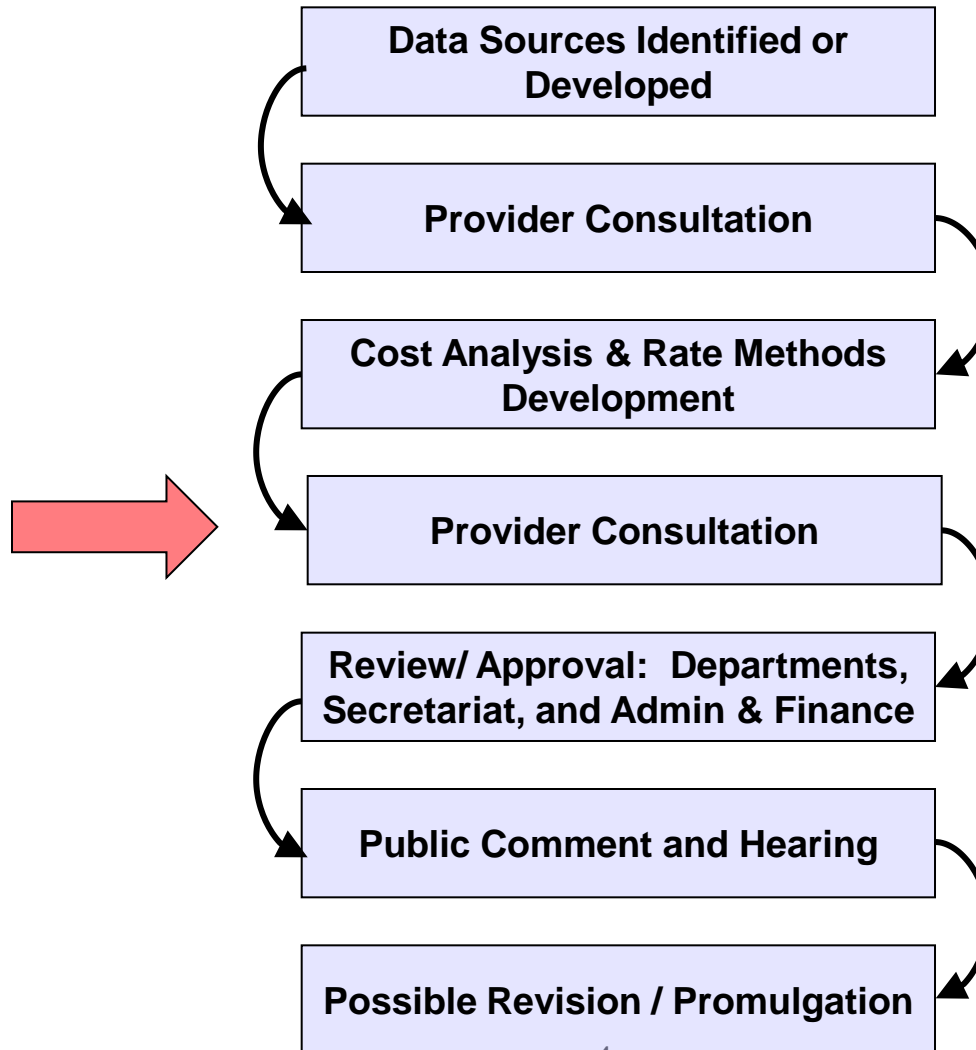
- Chapter 257 places authority for determination of Purchase of Service reimbursement rates with the Secretary of Health and Human Services under MGL 118E. The Center for Health Information and Analysis (CHIA) provides staffing and support for the development of Chapter 257 pricing.
- Chapter 257 requires that the following criteria be considered when setting and reviewing human service reimbursement rates:
 - Reasonable costs incurred by efficiently and economically operated providers
 - Reasonable costs to providers of any existing or new governmental mandate
 - Changes in costs associated with the delivery of services (e.g. inflation)
 - Substantial geographical differences in the costs of service delivery



Process of Analysis, Development, Approval, and Hearing



Pricing Analysis, Rate Development, Approval, and Hearing Process





EOHHS Approach to Ch. 257 Rate Development



For all services under rate regulation, EOHHS reviews existing pricing methodologies, gathers input from departments and providers, and conducts analyses of existing cost and utilization changes to existing rates or proposed new rates. The following factors are considered in all Chapter 257 rate-setting:

- Salaries and Wages
- Taxes and Fringe Benefits
- Management and General Costs (e.g., Indirect)
- Client to Staff Ratios
- Cost Adjustment Factor (CAF)
- Productivity Factor / Utilization Rate
- Relief Factor
- Geographic Variation



Batterer Intervention Program Description



Certified batterer intervention programs hold individuals accountable for abusing their intimate partners and children. The understanding that perpetrators use abuse and violence to maintain power and control over an intimate partner is the framework for the educational intervention.

These programs help abusers to develop respectful and non-abusive attitudes and behaviors toward their partners and children. A client must attend a minimum of 80 hours (usually 40 weeks) of group sessions, pay a program fee based on their income, remain violence-free, and accept responsibility for their abusive behavior in order to successfully complete the program.

Certified programs also contact the intimate partners. This contact helps partners plan for their safety, refers them to support services like domestic violence services and child witness to violence programs, and asks about their abuser's behavior at home.

Certified batterer intervention programs must provide services in accordance with the *Massachusetts Guidelines and Standards for the Certification of Batterer Intervention Programs*. The Department of Public Health has statutory-based responsibility to monitor programs' compliance with the guidelines and to oversee them.

Dept	Program Name	FY14
DPH	Batterer Intervention Program	\$908,409

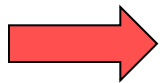


Data Sources for Rate Development

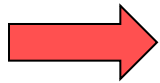


Data that will be considered when setting and the Batterer Intervention Program rates include

- FY2013 UFR data
- Attachment 3 contract data
- Monthly client intake data by program
- Monthly disenrollment data by program
- Monthly clients served data by program
(many clients remain in a program for multiple months)



- Time study responses from Batterer Intervention Program providers



- Reported client contributions

In FY 2013, 1,307 unique batterers enrolled in a certified Batterer Intervention Program regulated by DPH.



April 2014 Provider Session



At the provider session in April, EOHHS presented data from ESM invoice assessments on provider averages for

- monthly caseload
- number of groups and group enrollments
- monthly intakes and disenrollments
- time spent on case management, collaborative activities, and partner contact

Feedback at that session told us that our estimates for many activities were too low, and that there were activities necessary to run a Batterer Intervention Program that we had not taken into account.



Provider Time Study



In response to feedback from the April provider session, EOHHS conducted a two-week time study of BIPs providers in June.

The time study gathered information on

- the amount of time spent on
 - group facilitation, preparation, and documentation
 - clinical supervision hours related to group meetings
 - individual counseling sessions
 - intake activities
 - case management / collaborative activities
 - partner and family contact
 - disenrollment / termination activities
- the number of intakes and disenrollments during the study period



Provider Time Study Results



EOHHS received responses to the study from 6 providers.

The results of the survey led to increases in the EOHHS model for several components of the program:

Time per intake	3.2 hours
Collaborative activities / case management per client, per month	0.7 hours
Partner / family contact per client, per month	0.44 hours
Time per disenrollment	1.00 hour
Facilitation and preparation time per group meeting (2 facilitators)	7 hours
Group supervision time per group (2 facilitators)	2 hours

Increases resulting from survey feedback displayed in red above



Use of Time Study Data



- Using a combination of data from the provider survey, ESM invoice assessment reports, and DPH recommendations, EOHHS and CHIA have calculated the average staffing time needed to conduct one Batterer Intervention group.
- The model for one group includes group-related staff time as well as staff time devoted to individual client case management, collaborative activities, partner and family contact, enrollment and disenrollment activities, and program management, all scaled on a per-group basis.



Rate Model



Batterer Intervention Standard Group

	Total FTE	% of Total Expense
Program Director	0.06	
Clinical Supervisor	0.06	
Direct Care / Counselor	0.27	
Total Staff	0.39	59.2%
Tax & Fringe	Factor xx%	12.8%
Total Staffing Costs		72.0%
Staff training		
Occupancy		
Staff travel / mileage		17.3%
Program supplies and materials		
Total Reimbursable excl. M&G		87.3%
Admin. Allocation (M&G)	Factor xx%	10.7%
TOTAL		100.0%
RATE = Total annual cost / # of client-meetings per year		\$xxxx

- Staffing time (FTE levels) is calculated using data from the provider survey, ESM invoice assessment reports, and DPH recommendation. Other costs reflect the measure of central tendency as reported in the FY13 UFR.
- The final rate will be a dollar value paid per client, per meeting attended.
- The divisor for the rate (number of client-meetings per year) will incorporate DPH-mandated maximum group size, reported average group sizes, average actual attendance.
- A second model will be developed for linguistically or culturally specific groups. The structure of the model will be the same. However, in recognition that these groups usually have fewer participants, the divisor for the rate will be smaller (thus making the rate higher).



Payment Structure



- Payment under the rate model is per client, per meeting. The rate will be billed each time a client attends a group session.
- Permission to bill for a group at the linguistically or culturally specific group rate must be granted by DPH.
- Client contributions will be reported as offsets to the per-client-per-meeting rate. Client contributions must be collected. DPH may issue more standardized guidelines on a sliding scale for client contributions.
- In mid September, EOHHS requested data on client contributions collected in FY14 from Batterer Intervention Program Providers. We have currently received responses from 7 providers.

In order to ensure that the per-client-per-meeting rate does not negatively affect total funding for the Batterer Intervention Programs, it is essential that we have complete information on FY14 client contributions.



Next Steps



- Discuss provider feedback internally; incorporate provider feedback and client contribution data into rate model
- Recommend final rate proposal to executive staff
- Propose rates via a draft regulation
- Public hearing – oral and written testimony
- Review submitted testimony, revise rates as needed
- Finalize rates



Questions/Feedback



Meeting notices will be posted on Chapter 257 website:

www.mass.gov/hhs/chapter257

Comments and questions regarding Chapter 257 process can be sent to: EOHHSPOLPolicyOffice@state.ma.us